

Ransom Anderson

Town

County

Died at Pine Orchard

Howard

MARYLAND

Date 1902

Nov. 26

Age

18

Native of

Md

Occupation

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Oliver Anderson

Mother's

Maiden Name

Mary F. Johnson

How long sick

Cause of

Primary

Pneumonia

93

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

Stephen Hillsinger &amp; Son

Address

Undertakers.

Ellicott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Information contained in this Certificate  
received from Oliver Anderson, and as  
there were no Physicians in  
attendance or signed by  
Stephen Hillsinger & Son -  
Undertakers.

*Henry Hepbron*

Died at *his home* <sup>Town</sup> *Howen* <sup>County</sup> *Howen* MARYLAND

Date 19*02* <sup>Month</sup> *11* <sup>Day</sup> *20* <sup>Y.</sup> *48.* <sup>M.</sup> *md* <sup>D.</sup> *Libran*

☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☐ Widower ☐ Divorced

Number of children living *9*

Husband of *Harriet Hepbron*

Wife *Harriet Hepbron*

Father's Name *Augustus Hepbron* Mother's Name *Sarah Hepbron*

Cause of Death {
 

Primary *Tubercular Pulmonia*  
 Immediate *hemorrhage*

How long sick *10 mo*  
~~Accident, Suicide, Homicide~~

Reported by *W. H. Harrison M.D.*

Address *27* *Savage*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Solomon Hose

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Nov 15

Age 75

Md.

Cooper

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Sally Hose

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Arthritic Rheumatism

How long sick

20 or 22 years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

William F. Hodges

Address

Elliott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *George Johnson*  
 Town *Ellicott City* County *Howard* MARYLAND  
 Died at *Ellicott City*  
 Date 19*02* Month *Nov* Day *22* Y. *60* M. *60* D. *60*  
 Native of *Virginia* Occupation *Farm hand*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Single ☐ Widower ☐  
 Number of children living *0*

Husband of *Wife name Margaret Boston*  
 Wife of *Wife name Margaret Boston*  
 Father's Name *Wife name Margaret Boston* Mother's Maiden Name *Wife name Margaret Boston*

Cause of Death { Primary *Heart Trouble* Immediate *Dropsy* } How long sick *six months*  
 Accident, Suicide, Homicide

Reported by *William Easton*  
 Address *Ellicott City*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr Byrne had attended  
him six months ago.



Name in Full

Certificate of Death

*William H. Miller*

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband  
of  
Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

2 yrs.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79000



Name in Full

Certificate of Death

Gearse Morehouse

Town

County

Died at

Woodstock

Howard

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

2 Nov

13

Age

67 9 2

England carpenter

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

by his wife 3 months

Husband

of

Mrs Elizabeth A. Islehart

~~Wife~~

Father's

Name

Mr Morehouse

Mother's

Maiden Name

not known

Cause of

Primary

apoplexy

Death

Immediate

coma

by

How long sick

about 2 weeks

~~Accident Suicide Homicide~~

Reported by

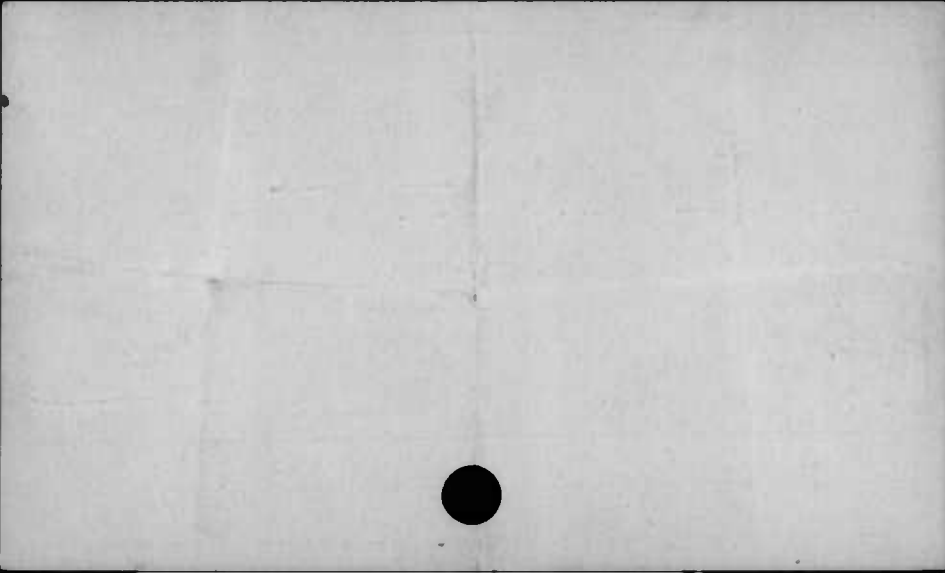
Ben J. Shiple

Address

Alpha

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

#6 Mattie Myers

Town

County

Died at

Daisy

Bloward

MARYLAND

Date 1902.	Nov. 23	Age 24	Native of Maryland	Occupation Domestic
<del>1901</del>	<del>White</del>	Married	<del>Widow</del>	
Female	Colored	<del>Single</del>	<del>Widower</del>	Number of children living 2

Wife of Townsend Myers

Father's Name Dennis Banks. Mother's Name Sally A. Snowden.

Cause of Death	Primary	Typhoid fever, followed by abortion	How long sick 11 days
	Immediate	Septicæmia	Accident, Suicide, Homicide

Reported by J. W. Lacy

Address Libons, Ark.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Greenbeary Richard

Town

County

Elliot City

Hamon

MARYLAND

Died at

Date

1902

Month

Day

Jun 10

Y.

M.

D.

Age

67

Native of

Me

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

—

~~Wife~~

Father's

Name

John Richard

Mother's

Maiden Name

not known

Cause of

Primary

Senile decay

How long sick

—

Death

Immediate

Arteriosclerosis

Accident, Suicide, Homicide

Reported by

Address

Jas M B Rogers  
Elliot City

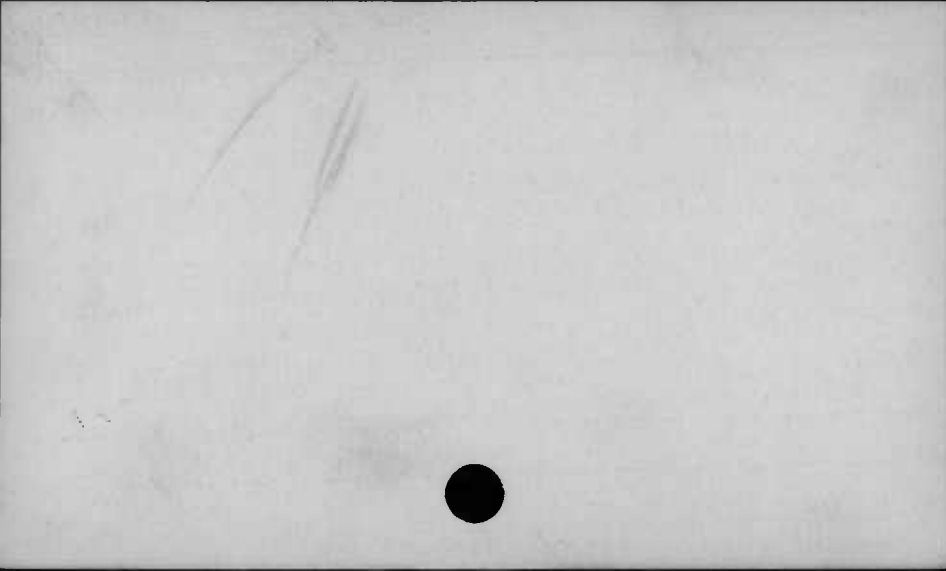
Me.

154

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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#5

Dacie Robinson

Town

County

MARYLAND

Died at

Dairy

Howard

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov. 17

Age

4-1-

Maryland

None.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

John Robinson

Mother's

Maiden Name

Sally Snowders.

Cause of

Primary

Typhoid Fever.

How long sick

5 days.

Death

Immediate

Poverty, filth, &amp; no nursing.

Accident, Suicide, Homicide

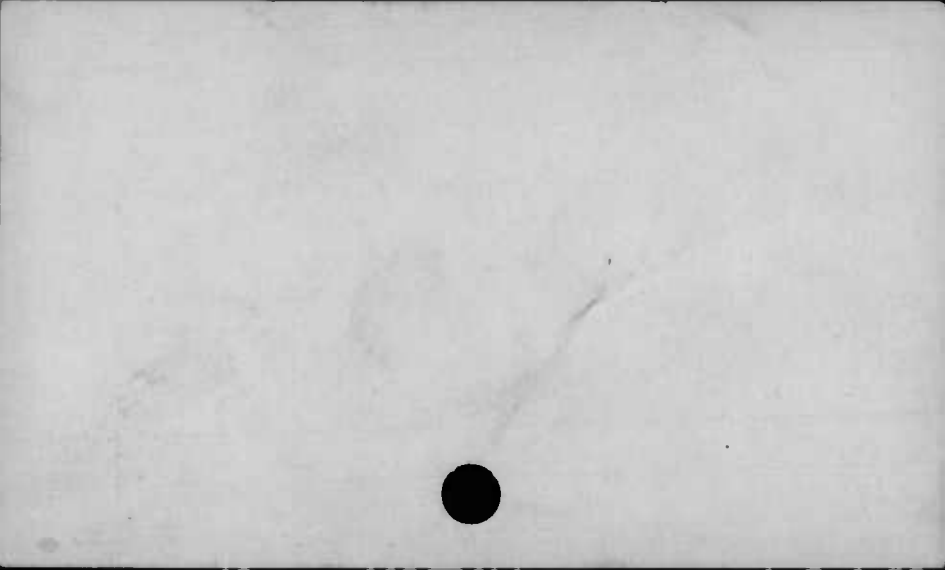
Reported by

J. W. Lacy.

Address

Linton, N.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Harriet Thomas

Died at <sup>Town</sup> Guilford <sup>County</sup> Howard MARYLANDDate 1902 <sup>Month</sup> Nov <sup>Day</sup> 4 <sup>Y.</sup> 33 <sup>M.</sup> ? <sup>D.</sup> ? <sup>Native of</sup> Ind <sup>Occupation</sup> Housewife~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

4

~~Husband~~

Wife of Robt Thomas

Father's Name Nathan Allan Mother's Maiden Name Unknown

Cause of { Primary nephritis, Typhoid Fever 120 How long sick 9 mo.

Death { Immediate Asthenia

~~Accident, Suicide, Homicide~~

Reported by E. S. Ballenger M.D.

Address Guilford Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Albert C Treaskle  
 Town County  
 Died at Blacksnill Howard MARYLAND  
 Date 1902 Month Nov. Day 10 Y. 64 M.  D.  Native of Maryland Occupation farmer  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Paralysis66

Death

Immediate

How long sick

Two months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Dr. Helb. n. D. Howard Co

Name in Full

Certificate of Death

Name in Full *Ellen Williamson*  
 Died at *Savage* Town *Savage* County *Horton* MARYLAND  
 Date 189*02* *11* - *10* Month Day Y. M. D. Native of *MD* Occupation *Artist*  
*Male* *White* *Married* *Widow* *Divorced*  
*Female* *Colored* *Single* *Widower* Number of children living *0*

Husband  
of

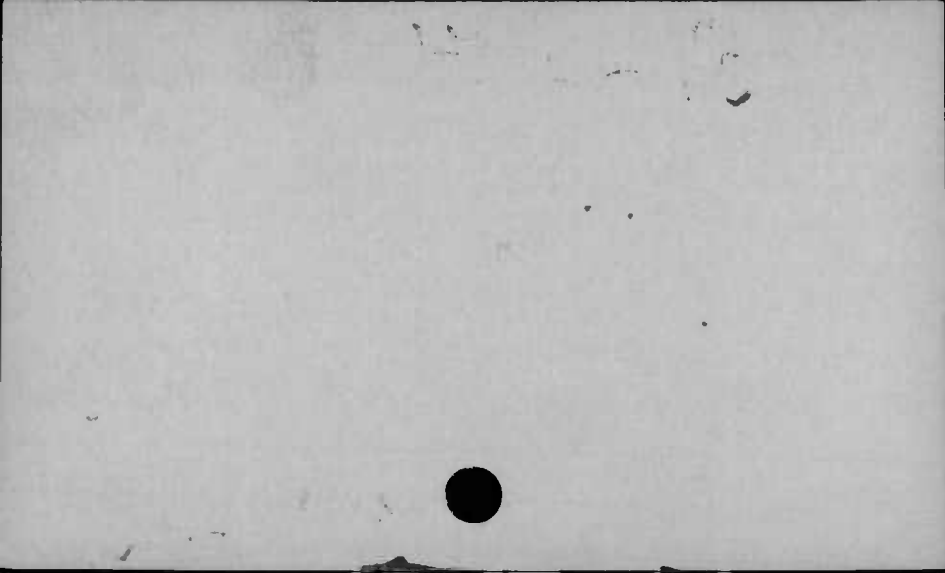
Father's Name *John F. Williamson* Mother's Name *Elizabeth Williamson*  
 Cause of Death { Primary *Cancer of Liver* Immediate *Asphyxia* *40*

How long sick *9 months*  
 Accident, Suicide, Homicide *0*

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

*Aime Maria Winter*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Ellicott City</i> Town		<i>Howard County</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>0</i>	Age <i>74</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore, Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation _____		
Name of Wife or Husband <i>Henry Winter</i>					
Father's Name <i>Andrew Aloriam</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Aime Hughes</i>			Mother's Birthplace <i>near Har. de Spau</i>		
Name of person giving Information <i>John S. Gittings</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diabetes</i>	How long <i>50</i>
Immediate <i>Heart Failure</i>	How long <i>Two years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. J. Byrnes</i> Address <i>Ellicott City, Md</i>
Accident or Suicide?	

